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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	NIDN-73175
	First Named Inventor	Wolfe
	COMPLETE IF KNOWN	
	Application Number	09 / 914,162
	Filing Date	23-Aug-2001
	Group Art Unit	To be assigned
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Process for Production Diphtheria Toxin

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **02/25/2000** as United States Application Number or PCT International Application Number **PCT/GB00/00680** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9904582.5	Great Britain	02/26/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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[Page 1 of 2]

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact with the Patent and Trademark Office connected therewith:

☒ Customer Number 22840

OR

☐ Registered practitioner(s) name/registration number listed below



Name	Registration Number	Name	PATENT TRADEMARK REGISTRATION Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 22840 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Henry	Wolfe

Inventor's Signature				Date	
Residence: City		State		Country	US
Post Office Address	9 Revere Lane				
Post Office Address	Glenmore, Pennsylvania 19343 US				
City		State		ZIP	
				Country	

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

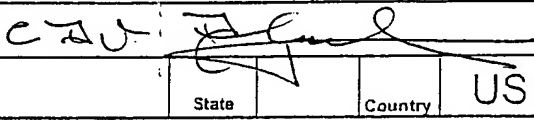
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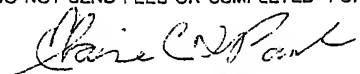
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Fahar		Merchant	
Inventor's Signature			Date
Residence: City	State	Country	CA
Post Office Address: 138-94 Street, Edmonton			
Post Office Address: T6N 1J3 Alberta Canada			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rosamina		Merchant	
Inventor's Signature			Date
Residence: City	State	Country	CA
Post Office Address: 138-94 Street, Edmonton			
Post Office Address: T6N 1J3 Alberta Canada			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christopher		Black	
Inventor's Signature			Date
Residence: City	State	Country	US
Post Office Address: 1211 Windmill Circle			
Post Office Address: Norristown, Pennsylvania 19403 US			
City	State	ZIP	Country

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9.21.01

Notarial Seal
Elaine C. DePaul, Notary Public
Tredyffrin Twp., Chester County
My Commission Expires Oct. 20, 2003

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Given Name (first and middle (if any))				Family Name or Surname			
Harry				Storflor			
Inventor's Signature						Date	
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Nycoveien 1-2						
Post Office Address	N-0401 Oslo Norway						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Geir				Stokke			
Inventor's Signature						Date	
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Haldis				Hellebust			
Inventor's Signature						Date	
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB00/00680	02/25/2000	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 22840 OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number 22840 OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

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Name of Sole or First Inventor: Henry Wolfe ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Henry	Wolfe

Inventor's Signature	<u>Henry R. Wolfe</u>	Date	<u>9/18/01</u>				
Residence: City		State		Country	US	Citizenship	US

Post Office Address 9 Revere Lane

Post Office Address Glenmore, Pennsylvania 19343 US

City		State		ZIP		Country	
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☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Fahar				Merchant					
Inventor's Signature						Date			
Residence: City		State		Country		CA		Citizenship CA	
Post Office Address		138-94 Street, Edmonton							
Post Office Address		T6N 1J3 Alberta Canada							
City		State		ZIP		Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Rosamina				Merchant					
Inventor's Signature						Date			
Residence: City		State		Country		CA		Citizenship CA	
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Christopher				Black					
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Residence: City		State		Country	NO		Citizenship	NO
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Geir				Stokke				
Inventor's Signature					Date			
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Place Customer Number
22840

Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number or Bar Code Label 22840 OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

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Fahar		Merchant	
Inventor's Signature			Date
Residence: City	Edmonton	State	AB
		Country	CA
Post Office Address	1350-119B Street, Edmonton		
Post Office Address	T6J 7H5 Alberta, Canada		
City		State	
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		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rosemina		Merchant	
Inventor's Signature			Date
Residence: City	Edmonton	State	AB
		Country	CA
Post Office Address	1350-119B Street, Edmonton		
Post Office Address	T6J 7H5 Alberta, Canada		
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christopher		Black	
Inventor's Signature			Date
Residence: City		State	
		Country	US
Post Office Address	1211 Windmill Circle		
Post Office Address	Norristown, Pennsylvania 19403 US		
City		State	
		ZIP	
		Country	

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Please type a plus sign (+) inside this box → ☐

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Harry			Storflor		
Inventor's Signature	<i>H. Storflor</i>				Date
Residence: City		State		Country	NO
Post Office Address	Nycoveien 1-2				
Post Office Address	N-0401 Oslo Norway				
City		State		ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Geir			Stokke		
Inventor's Signature	<i>Geir O. Stokke</i>				Date
Residence: City		State		Country	NO
Post Office Address	Mandalls gt. 6A				
Post Office Address	N-0190 Oslo Norway				
City		State		ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Halldis			Hellebust		
Inventor's Signature					Date
Residence: City		State		Country	NO
Post Office Address	Olaf Bulls vei 36				
Post Office Address	N-0765 Oslo Norway				
City		State		ZIP	Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Harry				Storflor			
Inventor's Signature				Date			
Residence: City		State		Country		NO	
Post Office Address		Nycoveien 1-2					
Post Office Address		N-0401 Oslo Norway					
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Geir				Stokke			
Inventor's Signature				Date			
Residence: City		State		Country		NO	
Post Office Address		Mandalls gt. 6A					
Post Office Address		N-0190 Oslo Norway					
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Halldis				Hellebust			
Inventor's Signature		<i>Halldis Hellebust</i>		Date		12. Sept. 2001	
Residence: City		State		Country		NO	
Post Office Address		Olaf Bulls vei 36					
Post Office Address		N-0765 Oslo Norway					
City		State		ZIP		Country	

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